

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES  
Division of Health Care Financing  
1 W. Wilson St.  
Madison WI 53702

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To: Medicaid Eligibility Handbook Users

From: Jim Jones, Director  
Bureau of Eligibility Management

Re: **MEH Release 06-04**

Release Date: 10/23/06

Effective Date: 10/23/06

**EFFECTIVE DATE**

The following policy additions or changes are effective 10/23/06, unless otherwise noted. **Bold text denotes new text.** Text with a strike through it in the old policy section denotes deleted text.

**UPDATED SECTIONS OVERVIEW**

The following sections were edited in this release: **1.1.2, 1.2.3, 3.2.1, 3.3.1, 3.3.3, 3.3.4.1, 3.6.1, 3.6.2, 3.6.3, 4.1.2.32, 4.9.8.1.1, 4.9.8.2, 5.8.6, 4.1.4.9, 4.1.5.9, 4.5.5.1, 5.4.7.4, 5.8.6.1, 5.9.1, 5.9.8, 5.9.9.1, 5.10.6, 5.12.7, 5.14.8.1.1, 6.4.1, 8.1.3**

**CHANGES**

**1.1.2.2**

A new subsection was added.

**New Text**

**1.1.2.2 Change Reporting Requirements**

**Clients must report to the Income Maintenance agency, within 10 days of the occurrence, a change in address, income, assets, need, medical expenses or living arrangements which may affect eligibility.**

**1.2.3**

Verification of earnings and health insurance (for BadgerCare) was added to the list of Mandatory Verification Items.

**3.2.1**

**New Text**

**3.2.1 U.S. CITIZENS AND NATIONALS**

**A U.S. national is anyone who:**

**Was born in American Samoa (with Swain's Island).**

**Note: Persons from the Compact of Free Association States are not considered U.S. citizens or nationals. The Compact of Free Association States include the Republic of the Marshall Islands, the Federated States of Micronesia and the Republic of Palau.**

## 3.2.2

## New Text

Aliens are persons who reside in the U.S, but are not U.S. citizens **or nationals**.

**NOTE: Citizens of the Compact of Free Association States (CFAS) have a special status with the US that allows them to enter the country, work here and acquire an SSN without obtaining an immigration status. However, Federal law does not recognize their non-immigrant status when it comes to eligibility for federal government benefits. They are thus NOT eligible for regular Medicaid, unless they have obtained a qualifying immigration status. Those CFAS citizens who do not have one of the immigration statuses above may qualify for emergency Medicaid. The Compact of Free Association States include the Republic of the Marshall Islands, the Federated States of Micronesia and the Republic of Palau.**

## 3.3.1

## Policy Clarification.

The client complies with this requirement (medical support liability) by signing the application form. The assignment of medical support includes all unpaid **medical** support and all ongoing **medical** support obligations, for as long as MA is received.

## 3.3.3

## Policy Clarification

**Refer the following individuals (including minors), for whom MA is requested or being received, to the local CSA as follows:**

1. Pregnant woman **who is unmarried or if married not living with her husband**. Advise all unmarried pregnant women that they are not required to cooperate with the CSA during the pregnancy and for two months after the end of pregnancy. **The woman's eligibility for MA will continue during this period, regardless of her cooperation.**
2. Child receiving SSI, if the caretaker requests child support services for the child. Do not sanction this caretaker if s/he does not cooperate with the CSA.
3. Mother and father not married to one another and paternity has not been **legally** established. This includes a non-marital parent even when:
4. One or both of the natural or adoptive parents is not living in the household. Do not refer to the CSA when the only reason a parent or stepparent is not in the home is because s/he is in the military.
5. **Married** natural parents in the home, but:

**3.3.4.1, 3.3.4.2**

Text on polygraphs was deleted. The IM agency no longer determines cooperation with Medical Support Liability (MSL) requirements. The Child Support Agency determines cooperation. **3.4.2.2 Failure to Cooperate** was renumbered **3.4.2.1 Failure to Cooperate**.

**3.3.4.1 Polygraph**

~~Do not require participation in a polygraph examination~~

~~A client may voluntarily participate in a polygraph examination. The results, however, may only be used to challenge or uphold other evidence. They may not be used as conclusive evidence against the client.~~

**3.6.1, 3.6.2,  
3.6.3**

Operations Memo 06-19, Revisions to the Medicaid Disability Application Process was incorporated into the MEH.

- 3.6.1** ~~The Economic Support Agency (ESA) should submit an application for a disability determination even if the client has already applied for SSI or SSDI. Send applications, medical reports and releases to:~~

~~Regular Mail  
Disability Determination Bureau  
P.O. Box 7886  
Madison, WI 53707-7886~~

~~Certified Mail~~

~~Disability Determination Bureau  
722 Williamson Street  
Madison, WI 53703-3546~~

~~A DDB disability decision on a SSDI or SSI case generally has binding authority. A Medicare or SSDI disability certification notice is acceptable verification of disability.~~

~~To check on the status of a disability case, call (608) 266-1565 and DDB will connect you with the examiner assigned to the case. Direct procedural or policy questions to Terri Klubertanz at (608) 266-7604.~~

~~Pend the case in CARES while you are waiting for a disability decision from DDB. Go to ANDI and enter a "?" in the disability verification field. Extend the date on AGVC and send a manual notice telling the client that eligibility is pending the disability decision. Remind him/her to report any changes within 10 days.~~

- 3.6.2.1** Give a Medicaid Disability Application (MADA) form (HCF 10112) to each person applying for MA Disability. **The MADA form must be completed by the Medicaid applicant or his/her representative.**

The applicant must send the following to the local/county/tribal human or social service agency.

1. The completed MADA form (HCF 10112).

Applicants must list all of their medical problems and addresses of all medical providers that have treated the applicant.

2. Two signed copies of the Authorization to Disclose Information to Disability Determination Bureau (HCF 14014).

and if appropriate ,

3. The Medicaid/FoodShare Wisconsin Authorization of Representative form (HCF10126).

**3.6.2.2 When completed MADA forms are received by the local agency, the IM worker must:**

1. Determine if the applicant meets all other Medicaid eligibility requirements, with the exception of the disability determination and income. There is a reminder for the IM worker in Section IX of the MADA application that the application should not be sent to DDB, if the applicant does not meet all other Medicaid eligibility requirements aside from disability and income.

**Note:** Pend the case in CARES while you are waiting for a disability decision from DDB enter a "?" in the disability verification field on the disability page in CWW. Extend the date on AGVC and send a manual notice within 30 days of the filing date, telling the client that eligibility is pending the disability decision. Remind him/her to report any changes within 10 days. If there are other program requests, the case must be in ongoing" mode before entering the ? on the disability page to pend the Medicaid.

2. Complete and sign Section IX of the MADA form.

**Note:** DDB will return MADA forms which do not have an IM workers signature in Section IX. If the identity of the IM worker is unknown, DDB will send the incomplete form to an IM supervisor in the appropriate county/tribal agency.

Section IX is a checklist for the IM worker. In Section IX, the Income Maintenance (IM) worker confirms:

- a. The MADA is complete

At a minimum, the following sections must be complete:

- Section I,
- Section II, questions 1 & 2

- Section VIII
- Section IX

- b. The applicant meets all other Medicaid eligibility criteria, except for a disability determination and income.
- c. The MADA includes two properly signed Authorization to Disclose Information to Disability Determination Bureau forms (HCF 14014). If the applicant has appointed someone to represent him/her, a properly completed and signed Medicaid/FoodShare Wisconsin Authorization or Representative form (HCF 10126).

**3. Mail the completed forms to:**

**Regular Mail**

Disability Determination Bureau  
P.O. Box 7886  
Madison, WI 53707-7886

**Certified Mail**

Disability Determination Bureau  
722 Williamson Street  
Madison, WI 53703

**3.6.3 A DDB disability decision on a SSDI or SSI case generally has binding authority. A Medicare or SSDI disability certification notice is acceptable verification of disability.**

To check on the status of a disability case, call (608) 266-1565 and DDB will connect you with the examiner assigned to the case. Direct procedural or policy questions to Terri Klubertanz at (608) 266-7604.

**4.1.2.32, 4.9.8.1.1,  
4.9.8.2, 5.8.6**

References to the Medicare Prescription Drug Card were removed from the MEH. The Medicare Prescription Drug Card discontinued May 2006.

**4.1.2.32, 4.1.2.33** ~~4.1.2.32 Medicare Prescription Drug Card benefits~~

~~Disregard any subsidy funds or discounts received from a Medicare-Approved Prescription Drug Discount Card.~~

4.1.2.33 Combat Pay was renumbered 4.1.2.32 Combat Pay

**4.9.8.1.1** ~~Any discounts and/or subsidy funds received through a Medicare-Approved Prescription Drug Discount Card are a countable cost when~~

~~determining a MA deductible.~~

**4.9.8.2 Note:** ~~Discount and/or subsidy funds provided through the Medicare-Approved Prescription Drug Discount Card are countable costs when determining a MA deductible.~~

**5.8.6** ~~When determining Medical expenses include as an allowable expense any discount and/or subsidy funds received from a Medicare-Approved Prescription Drug Discount Card.~~

**4.1.4.9** Clarification was provided that dividend income should be budgeted according to the same policies as interest income. Unearned income sub-section 4.1.4.9, formerly titled Interest Income, was renamed Interest/Dividend Income.

**4.1.5.9** Policy Clarification

Disregard a client's income if s/he:

1. Meets the definition of a dependent 18-year-old (3.5.1.3), or
2. Is under age 19 and **enrolled as** a full-time student, or
3. Is under age 19 and **enrolled as** a part-time student working less than 30 hours per week.

**4.5.5.1** Policy Clarification

In non-spousal Impoverishment EBD Medicaid cases, each fiscal group member may have one or more irrevocable burial trusts, of which the total **face** value may not exceed \$3,000. (See 5.10.4 for information about burial assets for persons with a community spouse.)

**4.9.8.1.1. #8** Policy Clarification

**Medical or remedial expenses that are paid or will be paid by a state, county, city or township administered program that meets the conditions detailed in 4.9.8.1 # 3.**

**5.4.7.4** AFDC Deeming Worksheet for Manual Determinations was deleted.

**5.8.6.1** CARES mainframe screen ANII was replaced with a reference to a new CARES Worker Web screen **Long Term Care Gatepost/Institutions screen.**

**5.9.1** Community Supported Living Arrangement (CSLA) program was removed from the Community Waivers section of the MEH. The waiver program was discontinued on 12/31/2003.

Children's Long Term Support waiver programs (CLTS) was added to the list of Community Waiver Programs.

**5.9.8** Division of Supportive Living (DSL) was replaced with Division of Disability and Elder Services (DDES).

**5.9.9.1** Policy Clarification

**Note: Group A clients do not have an asset limit if s/he is Group A eligible via Family MA. Family MA (1.1.1.1) and its subprograms do not have an asset test.**

**5.10.6** Standard utility allowances were updated. The increase in the standard utility allowances was originally communicated in Operations Memo 06-43.

**5.12.7** Loss of employment and other non-financial changes which affect eligibility were added to the list of changes that a client must report within 10 days for MAPP.

**5.14.8.1** Policy Clarification

5.14.8.1.1 Applications

**For initial applications**, QMB benefits begin on the first of the month after the month in which the individual is determined to be eligible/confirmed in CARES.

Example: Mr. Smith has been in the same nursing home since 1998 and applied for MA on January 23, 2003. He also requested QMB. His application was processed for both on January 23, 2003 and he was determined eligible for both. His MA begin date is January 1, 2003. His QMB begin date is February 1, 2003.

**5.14.8.1.2 Recertifications**

**For recertifications**, QMB benefits begin on the first of the month following review due month, regardless if the review was confirmed in the review due month or the month following the review due month.

Example: Mrs. Jones has been receiving MA and QMB since 1998. Mrs. Jones MA/QMB was due for review February 2006. Her MA/QMB review began on February 20, 2006. The worker received verification for the review on 2/28/06. The IM worker entered verification to complete the QMB review certification March 1, 2006. Mrs. Jones' QMB review was confirmed eligible on March 1, 2006. Mrs. Jones QMB eligibility begins March 1, 2006 and not April 1, 2006. There is no gap in Mrs. Jones' QMB benefit.

**6.4.1**

Links were added to the Transfer Policy Section.

Do not require a review or new application for case transfers, **except in the following programs:**

- **Community Wavers ( 5.9.14)**
- **Family Care (5.13.6.3)**
- **Deductible Met ( 4.9.12)**
- **MA Extensions ( 5.6.8)**

**8.1.3**

Fond du Lac county was added to the AFDC County and Tribe Area table. It had been inadvertently omitted.